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FEC FORM 1

STATEMENT OF ORGANIZATION

FORM	1	ORGANIZATION				
	-	(See ins	structions)		0	ffice use only
1. NAME OF COMMITTE	EE (in full)	(Check if na is changed)		cample: If typying, type er the lines	12FE4M5	
ALLIANC	E FOR RET	IREP AMERICANS P	OLITICAL A	CTION FUND		
سسسا						
ADDRESS (numb	er and street)	815 16TH STRE	ET NW 4TH	I FL - NORTH		
(Check if a						
is changed	l)	WASHINGTON			DC L	20006
			CITY	•	STATE	ZIP CODE 📥
COMMITTEE'S	E-MAIL ADDF	RESS (Please provide only	one e-mail ad	dress)		
(Check if a		rfiesta@retired	americans.	org		
13 orlanged	')					
(Check if a is changed	ddress I)	www.retiredam	ericanspaf.	.org		
3. FEC IDENTIFICATION NUMBER C C00436188						
4. IS THIS ST	ATEMENT	NEW (N)	OR	X AMENDED (A)		
I certify that I have	examined this	Statement and to the best of	my knowledge	and belief it is true, correct and	I complete	
Type or Print Na	me of Treasur	er Mr. Edward	I F Coyle			
Signature of Trea	asurer El <u>ec</u>	tronically Filed by Mr. I	Edward F C	oyle [Date 07	
NOTE: Submission	n of false, erron			t the person signing this State		of 2 U.S.C. §437g.
Office Use Only				For further information of Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)